

Yes, I want to help **CCBR** EndtheKilling!

Monthly gift: \$30 \$50 \$100 \$250 \$_____

Single gift: \$250 \$600 \$1,500 \$3,000 \$5,000 \$_____

Your information (Billing address):

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Ph. #: _____

Email: _____

Payment Information:

Cheque: Payable to **CCBR**.

Credit Card #: _____

Exp. Date: _____ Signature: _____

Monthly Date: 1st 15th Start Date: _____

Pre-Authorized Debit: I hereby authorize Canadian Centre for Bio-Ethical Reform to arrange automatic debits from my bank account on the 15th of each month or the next business day there-after (*see details on back*).

Signature: _____ Start Date: _____



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada
403-668-0485
email@endthekilling.ca

Yes, I want to help **CCBR** EndtheKilling!

Monthly gift: \$30 \$50 \$100 \$250 \$_____

Single gift: \$250 \$600 \$1,500 \$3,000 \$5,000 \$_____

Your information (Billing address):

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Ph. #: _____

Email: _____

Payment Information:

Cheque: Payable to **CCBR**.

Credit Card #: _____

Exp. Date: _____ Signature: _____

Monthly Date: 1st 15th Start Date: _____

Pre-Authorized Debit: I hereby authorize Canadian Centre for Bio-Ethical Reform to arrange automatic debits from my bank account on the 15th of each month or the next business day there-after (*see details on back*).

Signature: _____ Start Date: _____



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada
403-668-0485
email@endthekilling.ca

Yes, I want to help **CCBR** EndtheKilling!

Monthly gift: \$30 \$50 \$100 \$250 \$_____

Single gift: \$250 \$600 \$1,500 \$3,000 \$5,000 \$_____

Your information (Billing address):

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Ph. #: _____

Email: _____

Payment Information:

Cheque: Payable to **CCBR**.

Credit Card #: _____

Exp. Date: _____ Signature: _____

Monthly Date: 1st 15th Start Date: _____

Pre-Authorized Debit: I hereby authorize Canadian Centre for Bio-Ethical Reform to arrange automatic debits from my bank account on the 15th of each month or the next business day there-after (*see details on back*).

Signature: _____ Start Date: _____



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada
403-668-0485
email@endthekilling.ca

In order to adjust the amount of your donation or to discontinue donations, contact CCBR seven days before the scheduled transaction date.

If the pre-authorized debit (PAD) option is chosen, a void cheque or withdrawal form (which can be obtained at your bank) must be attached.

Forms with the PAD option selected which are received after the 8th of the designated month may be processed the following month.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada

403-668-0485
email@endthekilling.ca

In order to adjust the amount of your donation or to discontinue donations, contact CCBR seven days before the scheduled transaction date.

If the pre-authorized debit (PAD) option is chosen, a void cheque or withdrawal form (which can be obtained at your bank) must be attached.

Forms with the PAD option selected which are received after the 8th of the designated month may be processed the following month.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada

403-668-0485
email@endthekilling.ca

In order to adjust the amount of your donation or to discontinue donations, contact CCBR seven days before the scheduled transaction date.

If the pre-authorized debit (PAD) option is chosen, a void cheque or withdrawal form (which can be obtained at your bank) must be attached.

Forms with the PAD option selected which are received after the 8th of the designated month may be processed the following month.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



Box 123, 5 - 8720 Macleod Tr SE
Calgary, AB, T2H 0M4 • Canada

403-668-0485
email@endthekilling.ca